

OCT 09 2006

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0851-0031

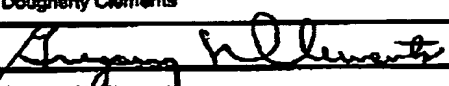
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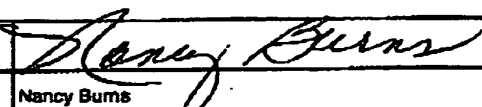
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/550,260	
	Filing Date	December 22, 2003	
	First Named Inventor	FALKE et al	
	Art Unit	Unknown	
	Examiner Name	Elin Thompson	
Total Number of Pages in This Submission	2	Attorney Docket Number	2003/13

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks SB/83 - Request for withdrawal as attorney or agent and change of correspondence address		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Dougherty Clements		
Signature			
Printed name	Gregory N. Clements		
Date	October 9, 2006	Reg. No.	30,713

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Nancy Burns
Date	October 9, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 29 2006

PTD/SB/17 112-04-21

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<p><small>Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p><b>Complete If Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/570585</td></tr> <tr><td>Filing Date</td><td>March 3, 2006</td></tr> <tr><td>First Named Inventor</td><td>Dirk Zierer</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>05587-00401-US</td></tr> </table>		Application Number	10/570585	Filing Date	March 3, 2006	First Named Inventor	Dirk Zierer	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	05587-00401-US
Application Number	10/570585														
Filing Date	March 3, 2006														
First Named Inventor	Dirk Zierer														
Examiner Name	Not Yet Assigned														
Art Unit	N/A														
Attorney Docket No.	05587-00401-US														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 130.00															
<b>METHOD OF PAYMENT (check all that apply)</b>															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____															
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>03-2775</b> Deposit Account Name: <b>Connolly Bove Lodge &amp; Hutz LLP</b>															
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)															
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee															
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments															
<b>FEE CALCULATION</b>															
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)								
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)									
Utility	300	150	500	250	200	100	_____								
Design	200	100	100	50	130	65	_____								
Plant	200	100	300	150	160	80	_____								
Reissue	300	150	500	250	600	300	_____								
Provisional	200	100	0	0	0	0	_____								
<b>2. EXCESS CLAIM FEES</b>															
Fee Description	Fee (\$)	Small Entity Fee (\$)													
Each claim over 20 (including Reissues)	50	25													
Each independent claim over 3 (including Reissues)	200	100													
Multiple dependent claims	360	180													
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>									
- 21 = _____	x _____	= _____	_____	_____	_____	_____									
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>												
- 3 = _____	x _____	= _____	_____												
<b>3. APPLICATION SIZE FEE</b>															
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)											
_____ - 100 = _____	/ 50 _____	(round up to a whole number) x _____	= _____	_____											
<b>4. OTHER FEE(S)</b>															
Non-English Specification, \$130 fee (no small entity discount)	<b>Fees Paid (\$)</b>														
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration	130.00														
<b>SUBMITTED BY</b>															
Signature: <u>Christine M. Hansen</u>	Registration No. (Attorney/Agent): <u>40,634</u>	Telephone: <u>(302) 858-9141</u>													
Name (Print/Type): <u>Christine M. Hansen</u>	Date: <u>March 29, 2006</u>														

03/31/2006 EFLORES 00000052 032775 10570585

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PAGE 3/8 \* RCVD AT 3/29/2006 2:40:43 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-2/13 \* DNIS:2738300 \* CSID:302 661 2331 \* DURATION (mm-ss):02-24

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